

# HSTA VB ACTIVES

## Dental Plan Benefits Coverage Chart (Hawaii Dental Service [HDS]) – HSTA VB Supplemental Plan

Your Plan provides:

BENEFIT	PLAN COVERS
<b>PLAN MAXIMUM</b> per person per plan year (July 1 – June 30)	\$750
<b>DIAGNOSTIC</b>	
Examinations - twice per calendar year	50%
Bitewing X-rays - twice per calendar year through age 14; once per calendar year thereafter	50%
Other X-rays (full mouth X-rays limited to once every 5 years)	50%
<b>PREVENTIVE</b>	
Cleanings – twice per calendar year	50%
• Diabetic Patients – four cleanings or *periodontal maintenance	50%
• Expectant Mothers – three cleanings or *periodontal maintenance	
*Periodontal maintenance benefit level	*45%
Fluoride (once per calendar year through age 19)	50%
• Fluoride - high risk - once per calendar year	
Space maintainers (through age 17)	50%
Sealants (through age 18) – one treatment application, once per lifetime only to permanent molars with no cavities and no occlusal restorations, regardless of the number of surfaces sealed.	50%
<b>RESTORATIVE</b>	
Amalgam (silver-colored) fillings	45%
Composite (white-colored) fillings – limited to the anterior (front) teeth	45%
Crowns and gold restorations (once every 5 years when teeth cannot be restored with amalgam or composite fillings)	45%
Note: Composite (white) and porcelain (white) restorations on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the patient is responsible for the cost difference up to the amount charged by the dentist.	
<b>ENDODONTICS</b>	45%
Pulpal therapy	
Root canal treatment, retreatment, apexification, apicoectomy	
<b>PERIODONTICS</b>	45%
Periodontal scaling and root planing – once every two years	
Gingivectomy, flap curettage and osseous surgery – once every three years	
Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment	
<b>PROSTHODONTICS</b>	
Fixed bridges (once every 5 years; ages 16 and older)	45%
Dentures (complete and partial – once every 5 years; ages 16 and older)	45%
Implants (covered as an alternate benefit) when one tooth is missing between two natural teeth	50%
<b>ORAL SURGERY</b>	50%
<b>ADJUNCTIVE GENERAL SERVICES</b>	45%
Palliative treatment (for relief of pain but not to cure)	50%
<b>ORTHODONTICS</b>	100%
Maximum amount payable by HDS for an eligible patient shall be \$750 lifetime per case paid in eight quarterly payments of \$93.75.	
Orthodontic services are not covered:	
*If services were started prior to the date the patient became eligible under this employer's plan.	
*If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue.	
*If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred.	

The HDS public website at [www.hawaiidentalsservice.com](http://www.hawaiidentalsservice.com) includes a section exclusively for EUTF members. In this section, you will find valuable information on your HDS dental plan including your dental benefits and plan brochure.

Sign up for an online account today to check on your eligibility for services, view information on past services, find a participating dentist in Hawaii or on the Mainland, print an ID card, rate your dentist, and receive paperless benefit statements from the convenience of your home computer or smartphone.

To sign up for an online account and paperless benefit statements:

- 1) To go [www.hawaiidentalsservice.com](http://www.hawaiidentalsservice.com)
- 2) Click on "New User?" at the top left of the screen.
- 3) Complete the "Member Registration" form.
- 4) Select "Yes" to "Request electronic Explanation of Benefits."
- 5) Click on "Register User" button.